



MURANG'A UNIVERSITY OF TECHNOLOGY
OFFICE OF REGISTRAR (ACADEMIC, RESEARCH AND STUDENT AFFAIRS)
SPECIAL/RESIT/RETAKE EXAM REGISTRATION FORM

1. For which Examination do you wish to register for?

Table with 2 columns: Examination, Special Exam, Resit Exam, Retake Exam

2. Examination Period

Table with 3 columns: Month, Year, December, April, August

3. Personal Details

Table with 2 columns: Student Name, Student Registration Number, Cell phone, Email

4. Units to be written

Table with 3 columns: S/no, Unit Code, Unit Title

DECLARATION BY STUDENT: I agree to abide by the rules and procedures governing Murang'a University of Technology examinations. I understand that I must take my identity document and with me to write my examination and that I have 14 consecutive days from the Examination Registration Closing Date to follow up on my examination registration status. I also declare that I have successfully completed the compulsory assignments for the above subject(s).

Signature of student

Date

Recommended By: CoD (Name)

Sign: Date:

Approved By: Dean (Name)

Sign: Date:

Confirmation of Payment:

Amount Paid: Signature & Stamp:

